

MARJON CERAMICS INC.  
CUSTOMER SET UP/CHANGE REQUEST

Date \_\_\_\_\_

( ) Phoenix ( ) Tucson

( ) New Set up ( ) Name Change ( ) Address Change ( ) Customer/Category Change  
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**Businesses: Please fill out sections 1 and 2**

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**Section One:**  
Business Information if registering as a business

Tax Number: \_\_\_\_\_ Verified: \_\_\_\_\_ Customer Number: \_\_\_\_\_  
**Please attach a copy of your Transaction Privilege Tax License.**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ **\*See Email address field below**

Driver License Number: \_\_\_\_\_ Exp: \_\_\_\_\_

Visa/MC Number: \_\_\_\_\_ 3 digit CCV# \_\_\_\_\_ Exp: \_\_\_\_\_  
**Complete cc info only if you'd like us to keep it on file for phone orders.**

Authorized buyer(s): \_\_\_\_\_ Date: \_\_\_\_\_

**Section Two:**  
Personal Information

Owners Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*Email address:** \_\_\_\_\_

**For Marjon Office Use Only**

Customer Category: \_\_\_\_\_ Entered By: \_\_\_\_\_

Initial Purchase Invoice #: \_\_\_\_\_ Set Up Date: \_\_\_\_\_

Circle One: 10% 20% 30% CS FD FK IN2 KD KP MI RT SC SD SF  
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Finished Ware \_\_\_ Home Studio \_\_\_ School/Institution \_\_\_ Potter \_\_\_ AZCLAY Member \_\_\_ Teacher \_\_\_  
Mold Dealer \_\_\_ Store Front \_\_\_ Senior Center \_\_\_ Parks & Rec. \_\_\_ Mailing List Only \_\_\_ TNO \_\_\_  
Saca Member \_\_\_